



NEVADA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF CHILD AND FAMILY SERVICES  
**ADOPTION REUNION REGISTRY**

**Return to:** NEVADA DIVISION OF CHILD & FAMILY SERVICES  
ADOPTION REUNION REGISTRY  
4126 TECHNOLOGY WAY, 3RD FLOOR  
CARSON CITY, NEVADA 89706

## REQUEST FOR NON-IDENTIFYING INFORMATION

Please Print Clearly

- \_\_\_ I am the Adoptee and I am 18 years old or older  
\_\_\_ I am the Adoptive Parent and I am requesting on behalf of my Adopted Child that is under the age of 18

<b>FULL NAME OF ADOPTEE</b>			
LAST	FIRST	MIDDLE	MAIDEN OR OTHER NAMES USED
DATE OF BIRTH / /		BIRTH NAME (IF KNOWN)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>ADOPTION INFORMATION</b>			
FULL NAME OF ADOPTIVE PARENT #1			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL NAME OF ADOPTIVE PARENT #2			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF ADOPTION AGENCY THAT HANDLED THE ADOPTION		CITY	STATE
<b>BIRTH PARENT'S FULL NAME AND INFORMATION (IF KNOWN)</b>			
FULL NAME OF BIRTH PARENT #1			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL NAME OF BIRTH PARENT #2			
LAST	FIRST	MIDDLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
I AM INTERESTED IN RECEIVING NON-SPECIFIC INFORMATION REGARDING THE ABOVE NAMED INDIVIDUAL(S). IF I WISH TO WITHDRAW THIS REQUEST AT ANY TIME, I MUST NOTIFY THE ADOPTION REUNION REGISTRY IN WRITING. IT IS MY RESPONSIBILITY TO KEEP THE ADOPTION REUNION REGISTRY CURRENT AS TO ANY CHANGES THAT I MIGHT MAKE: CHANGE OF ADDRESS, NAME CHANGE, ETC. WHEN I PROVIDE NEW INFORMATION TO THE ADOPTION REUNION REGISTRY, THEY ARE AUTHORIZED TO UPDATE MY APPLICATION AS NECESSARY.			
<b>APPLICANT'S INFORMATION</b>			
HOME ADDRESS STREET		CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT) POST OFFICE BOX OR STREET ADDRESS		CITY	STATE ZIP CODE
HOME PHONE NUMBER ( )	OTHER PHONE NUMBER ( )	E-MAIL ADDRESS	
PRINTED NAME OF APPLICANT			
SIGNATURE OF APPLICANT		DATE	
State of _____ County of _____ Subscribed and sworn to before me this _____ day of _____, 20____ by _____ Print Name of Applicant _____ Signature of Notary Public			
(Notary Stamp)			